

1999

Page 1



0199010111

Fiscal Year

Beginning:

/ /

Ending:

Mo. Day Yr.

DEPARTMENT USE ONLY

DEPARTMENT USE ONLY

Del ☐ Ext ☐

USE BLACK INK ONLY

STEP 1
USE GEORGIA LABEL IF CORRECT
OTHERWISE PRINT OR TYPE

YOUR FIRST NAME INITIAL YOUR SOCIAL SECURITY NUMBER - -
YOUR LAST NAME SUFFIX
SPOUSE'S FIRST NAME INITIAL SPOUSE'S SOCIAL SECURITY NUMBER - -
SPOUSE'S LAST NAME SUFFIX CHECK IF FOREIGN ADDRESS ☐

L
A
B
E
L

2. ADDRESS LINE 1 ADDRESS LINE 2 OR APARTMENT NUMBER
3. CITY STATE ZIP CODE - COUNTRY IF FOREIGN

ELECTRONIC FILING MAY SPEED YOUR REFUND BY 8 WEEKS

ATTACH GEORGIA COPY OF WITHHOLDING STATEMENT(S) HERE
ALSO, IF TAX IS DUE, ATTACH CHECK ON TOP OF W-2 FORM(S)

RES
STEP 2
EXEMPTIONS
AND DEPENDENTS

4. Use one number only and enter in the Residency Code box. PART YEAR RESIDENTS AND NONRESIDENTS MUST OMIT LINES 9 THROUGH 14 OF STEPS 3 AND 4 AND USE SCHEDULE 3 OF FORM 500, PAGE 4. RESIDENCY CODE NUMBER
1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT FROM TO 3. NONRESIDENT
5. Fill in Filing Status Block with appropriate letter. (Must be same status as used on your Federal Return.) FILING STATUS
A. SINGLE C. MARRIED FILING SEPARATE, SPOUSE'S SOCIAL SECURITY NO. MUST BE ENTERED ABOVE
B. MARRIED FILING JOINT D. HEAD OF HOUSEHOLD OR QUALIFYING WIDOW(ER)
6. Number of Exemptions from Federal Form 1040 or 1040A (see instructions)
7. If more than six dependents, attach schedule

Dependents:	First name	Last name	Dependent's social security number	Dependent's relationship to you

STEP 3
INCOME

If the amount on line 8 is \$40,000 or more, or your adjusted gross income is less than your W-2s, you are required to attach a copy of your Federal 1040 pages 1 and 2. Do not attach other Federal Schedules.
8. Federal adjusted gross income (From Federal Form 1040 or 1040A or 1040EZ) 8
Do not use Federal Taxable Income.
9. Adjustments from Schedule 1. (See instructions on page 7, Line 9) 9
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10

IF YOU USE STANDARD DEDUCTION ON YOUR FEDERAL RETURN YOU MUST USE STANDARD DEDUCTION ON YOUR GEORGIA RETURN

STEP 4
DEDUCTIONS

11. STANDARD Deduction (SEE INSTRUCTIONS-Line 11) 11a
Do not use Federal Standard Deduction.
b. Are YOU 65 or over ☐ blind ☐ SPOUSE 65 or over ☐ blind ☐ x 1,300= 11b
c. TOTAL STANDARD deduction (Line 11a + Line 11b) 11c
12. TOTAL ITEMIZED deductions used in computing federal taxable income
Schedule A-form 1040 Less: See Line 12 instructions Page 8 12=
13. Subtract either Line 11c or Line 12 from Line 10; enter balance 13
14. Number from block on Line 6 multiplied by \$2,700 14
15. Georgia taxable income (Line 13 less Line 14 or Line 14, Schedule 3) 15

**Use EITHER
Line 11c or Line 12
(DO NOT WRITE ON BOTH)**

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0199010121

Social Security Number - -

Georgia Taxable Income (Amount from Line 15) , , .

STEP 5
TAX COMPUTATION

16. Tax (Use Tax Table on pages 9 and 10)	➤ 16	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
17. Credits (Enter total but not more than the amount shown on Line 16) From Schedule 2 page 3	➤ 17	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
18. Balance (Line 16 less Line 17) if zero or less than zero enter zero	18	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
19. GEORGIA INCOME TAX WITHHELD (attach withholding statements)	➤ 19	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
20. Estimated tax for 1999 and Form IT-560.	➤ 20	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
21. Low Income Credit (See worksheet on page 11) ➤ 21a <input type="text"/> x 21b <input type="text"/>	➤ 21c	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
22. Department use only	➤ 22	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
23. Total prepayment credits (Add Lines 19, 20, and 21C)	➤ 23	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
24. If Line 18 exceeds Line 23 enter BALANCE DUE STATE	➤ 24	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
25. If Line 23 exceeds Line 18 enter OVERPAYMENT amount	➤ 25	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
26. Amount to be credited to 2000 ESTIMATED TAX	➤ 26	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
27. Georgia Nongame-Endangered Wildlife Conservation Fund	➤ 27	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
(No gift of less than \$1.00 can be processed)		
28. Georgia Children and Elderly Fund	➤ 28	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
(No gift of less than \$1.00 can be processed)		
29. Form 500 UET (Estimated Tax Penalty)	➤ 29	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
30. Add Lines 24, 27, 28, and 29 (Balance due)	30	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
MAKE CHECK PAYABLE FOR THIS AMOUNT TO GEORGIA INCOME TAX DIVISION		
31. Amount to be refunded. Line 25 minus Lines 26, 27, 28, and 29 if applicable	31	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>

OVERPAYMENTS	GEORGIA INCOME TAX DIVISION P.O. BOX 740380 ATLANTA, GEORGIA 30374-0380	PAYMENTS AND OTHER	GEORGIA INCOME TAX DIVISION P.O. BOX 740399 ATLANTA, GEORGIA 30374-0399
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Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN HERE	YOUR SIGNATURE	DATE	DAYTIME PHONE NUMBER
	<div><div>X</div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div> - <div><div></div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div></div>
	SPOUSE'S SIGNATURE	DATE	
	<div><div>X</div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div> By initialing this box I/We authorize the Georgia Department of Revenue to discuss this tax return with the preparer named below.

SIGNATURE OF PREPARER IF OTHER THAN TAXPAYER	IDENTIFICATION NUMBER OF PREPARER	DATE
<div><div>X</div><div></div></div>	<div></div>	<div><div></div><div></div><div></div></div>



0199010131

Name: _____ Social Security Number: - - **SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (see page 7 of instructions)****ADDITIONS TO INCOME**

1. Interest on Non-Georgia Municipal and State Bonds \$, , .
2. Lump Sum Distributions \$, , .
3. Other (specify) \$, , .
4. Total Additions (enter sum of lines 1-3 here) \$, , .

SUBTRACTIONS FROM INCOME

5. Retirement Income Exclusion

(See Retirement income exclusion worksheet page 13.)

Type of Disability: _____

A. Self: Date of Birth / / Date of Disability: / /

\$

 , . B. Spouse: Date of Birth / /

Type of Disability: _____

Date of Disability: / /

\$

 , . 6. Social Security Benefits (Taxable Portion) \$, . 7. Railroad Retirement Benefits (Taxable Portion) \$, . 8. Interest on United States Obligations \$, , .
(See page 7 of instructions.)9. Other (specify) \$, , . 10. Total Subtractions (enter sum on Lines 5-9 here). \$, , . 11. Net Adjustments (Line 4 less Line 10, enter net total here and on Line 9 of Page 1) (+ or -). \$, , . **SCHEDULE 2 CREDITS FOR LINE 17 PAGE 2**1. Other State Credit (see worksheet, page 11) \$, . 2. Low Emission Vehicle Credit \$, . 3. Rural Physicians Credit (complete Form IND-CR. See page 18). \$, .

County of Residence _____ County of Practice _____ Type of Practice _____

4. Disabled Person Home Purchase or Retrofit Credit (complete Form IND-CR. See page 18). \$, . 5. Qualified Caregiving Expense Credit (complete Form IND-CR. See page 18). \$, . **Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC, LLP or Partnership Interest**6. Employer's Credit for Basic Skills Education \$, .

Name of Business Entity _____

7. Employer's Credit for Approved Employee Retraining \$, .

Name of Business Entity _____

8. Employer's New Jobs Credit \$, .

Name of Business Entity _____

9. Employer's Credit for Providing or Sponsoring Childcare for Employees \$, .

Name of Business Entity _____

10. Manufacturer's Investment Tax Credit \$, .

Name of Business Entity _____

11. Optional Investment Tax Credit \$, .

Name of Business Entity _____

12. Enter the Total of Lines 1 through 11 here and on Line 17 page 2 \$, .



0199010141

Social Security Number: --**SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS**

Income earned in another state as a Georgia resident is taxable. See other state credit, page 8, line 17, and page 11.

DO NOT USE LINES 9 THROUGH 14-PAGE 1, FORM 500

	Federal Income as shown on Return COLUMN A	Income Not Taxable to Georgia COLUMN B	Georgia Income COLUMN C
1. Wages, Salaries, Tips, Etc.....	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
2. Interest and Dividends.....	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
3. Business Income or (loss)	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
4. Other Income or (loss)	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
5. Total Income: Total Lines 1 through 4	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
Adjustments to Income:			
6. Total from Federal Form 1040	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
7. Total from Form 500 Schedule 1 page 3 (see instructions Line 9, page 7)	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
9. RATIO: Divide Line 8, Column C by Line 8 Column A. Enter percentage.....		<input type="text"/> %	Not to exceed 100%
10. Itemized or Standard Deduction (see instructions for Line 10, page 12)		<input type="text"/> , <input type="text"/> , <input type="text"/>	
11. Personal Exemption from form 500 page 1, line 6, multiplied by \$2700		<input type="text"/> , <input type="text"/> , <input type="text"/>	
12. Total Deductions and Exemptions: Add Lines 10 and 11		<input type="text"/> , <input type="text"/> , <input type="text"/>	
13. Multiply Line 12 by Ratio on Line 9 and enter result.....			<input type="text"/> , <input type="text"/> , <input type="text"/>
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 1 of Form 500			<input type="text"/> , <input type="text"/> , <input type="text"/>